

749

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **4**

1. Place of Death: (a) County Apache (b) City Highway 66. 35 miles west of Springerville (c) Location Springerville
(If outside city limits also write RURAL) (d) Length of Stay: In Hospital or Institution ✓; In Community 26 yrs. 8 mo.; In Arizona 26 yrs. 8 mo.
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona (b) County Apache (c) City or Town Eagar
(If outside city limits also write RURAL) (d) Street No. ✓ (e) Citizen of foreign country (Yes or No) NO
If Yes, which country _____

3. (a) FULL NAME Oscar Jepson (b) If Veteran name war World War 2 (c) Social Security No. 527-26-4460

4. Sex Male 5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced single (b) (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased May 30, 1926
(Month) (Day) (Year)

8. AGE: Years 20 Months 8 Days 6 If less than one day hrs. _____ min. _____

9. Birthplace Eagar, Arizona
(City, town or county) (State or Country)

10. Usual Occupation Salesman

11. Industry or Business _____

12. Name Oscar Jepson
Father 13. Birthplace Richfield, Utah
(City, town or county) (State or Country)

14. Maiden Name Martha E. Hamblin
Mother 15. Birthplace Springerville, Ariz.
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Dale Hale
(b) Address Eagar, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Eagar cemetery (c) Date 2-8-1947

18. (a) Embalmer's Signature Dan B. Nethy
(b) Funeral Director Dan B. Nethy
(c) Address Springerville, Arizona

19. (a) Feb 10 1947
(Date received Local Registrar)
(b) Mrs. H. H. Feaster
(Registrar's Signature)

20. DATE OF DEATH (Month, day and year) Feb. 6, 1947
TIME (Hour and minute) 3:30 P. M.

21. I hereby certify that I attended the deceased from 2:30 pm
2-6, 1947 to 3:30 pm, 1947;
that I last saw him alive on 2-6, 1947;
and that death occurred on the date and hour stated above.
Immediate cause of death cerebral hemorrhage and shock

Due to possible skull fracture
possible vertebral fracture or
fractures.

Due to _____

Other conditions multiple fractures + lacerations
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) accident
(b) Date of occurrence 2-6-47
(c) Where did injury occur? Eagar, Apache Arizona
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? crash landing of airplane on farm
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Homer E. Ellis, allhouse d.o.
Address Springerville, Ariz. Date signed 2-6-47